

FIG. 1

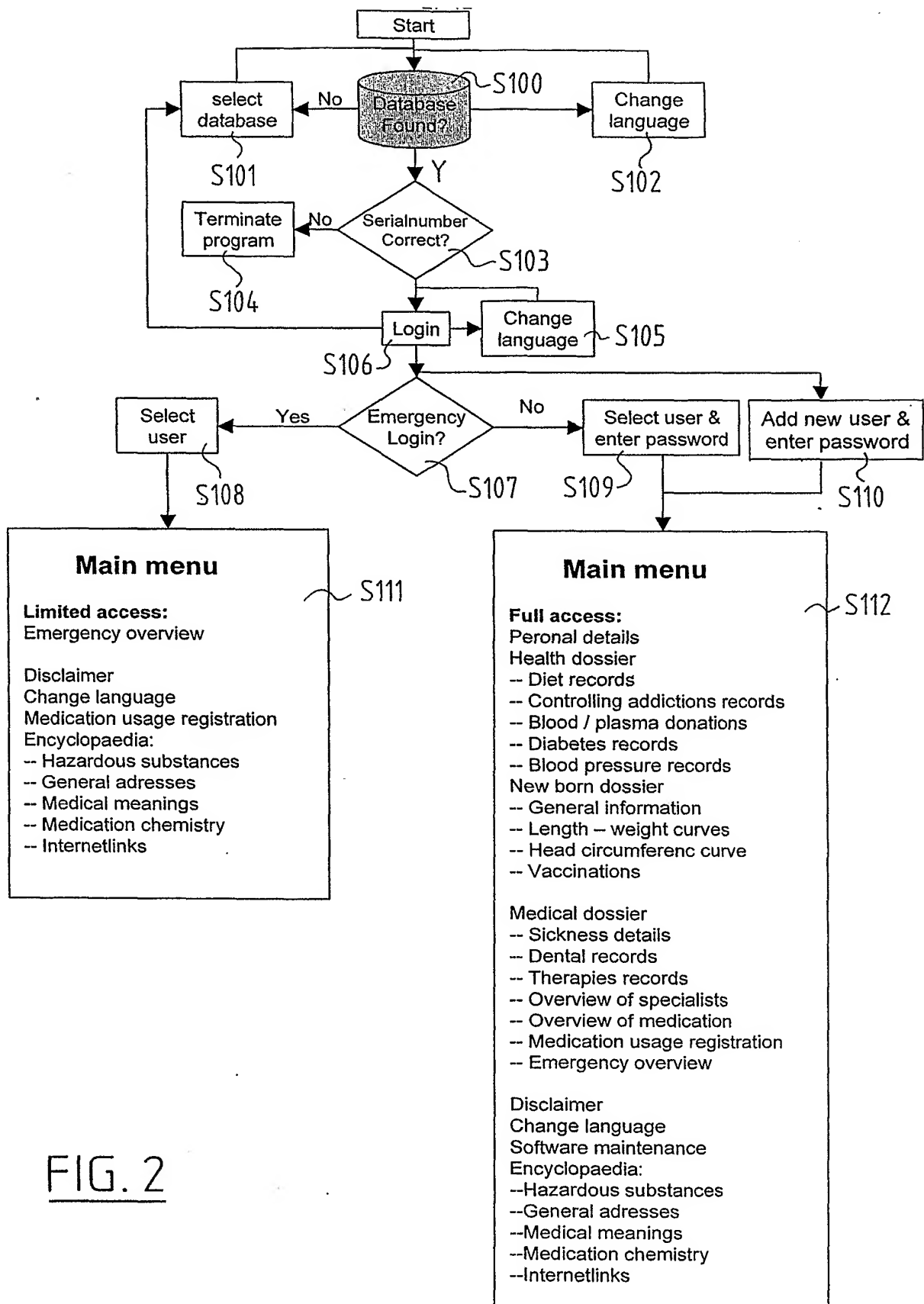
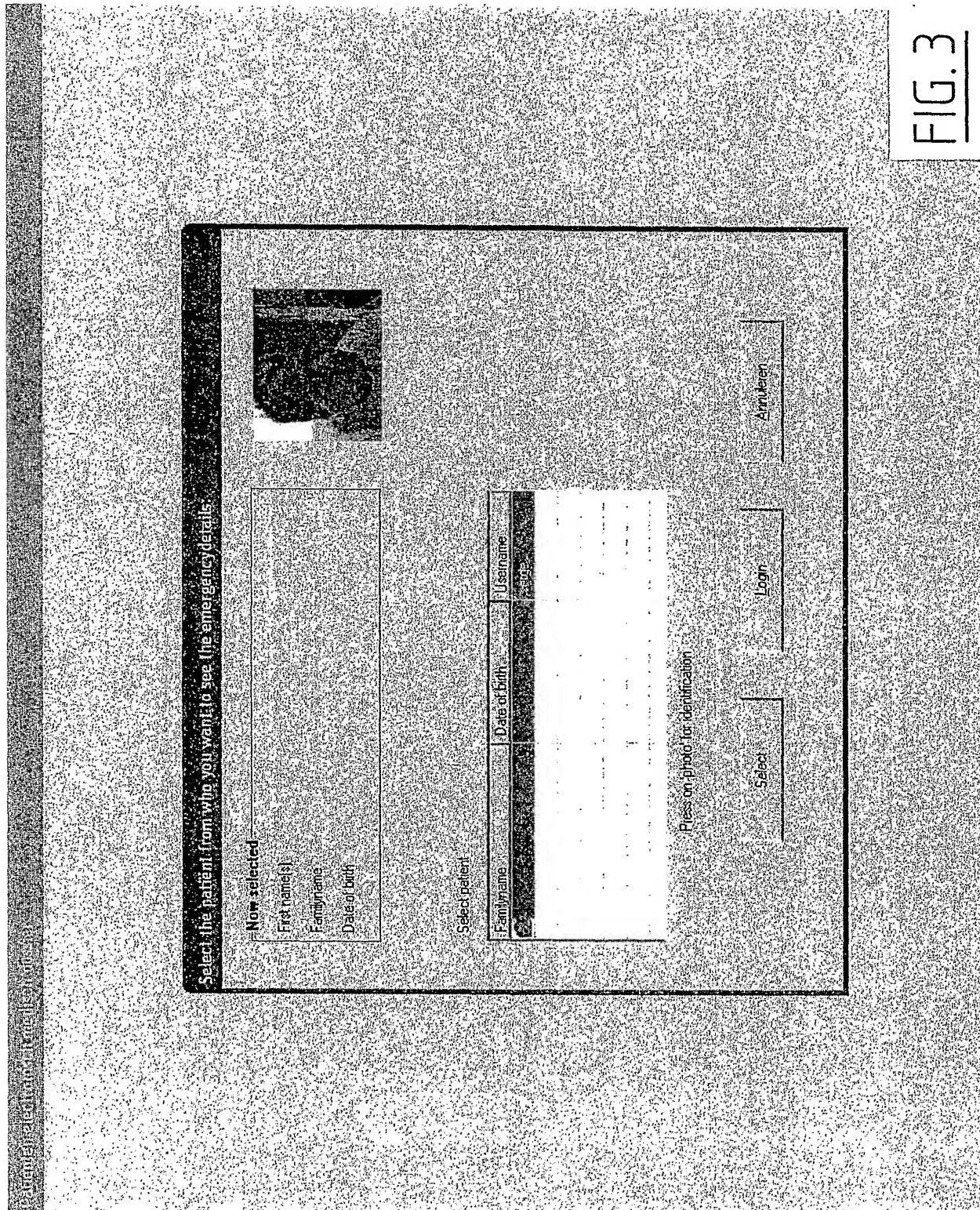


FIG. 2



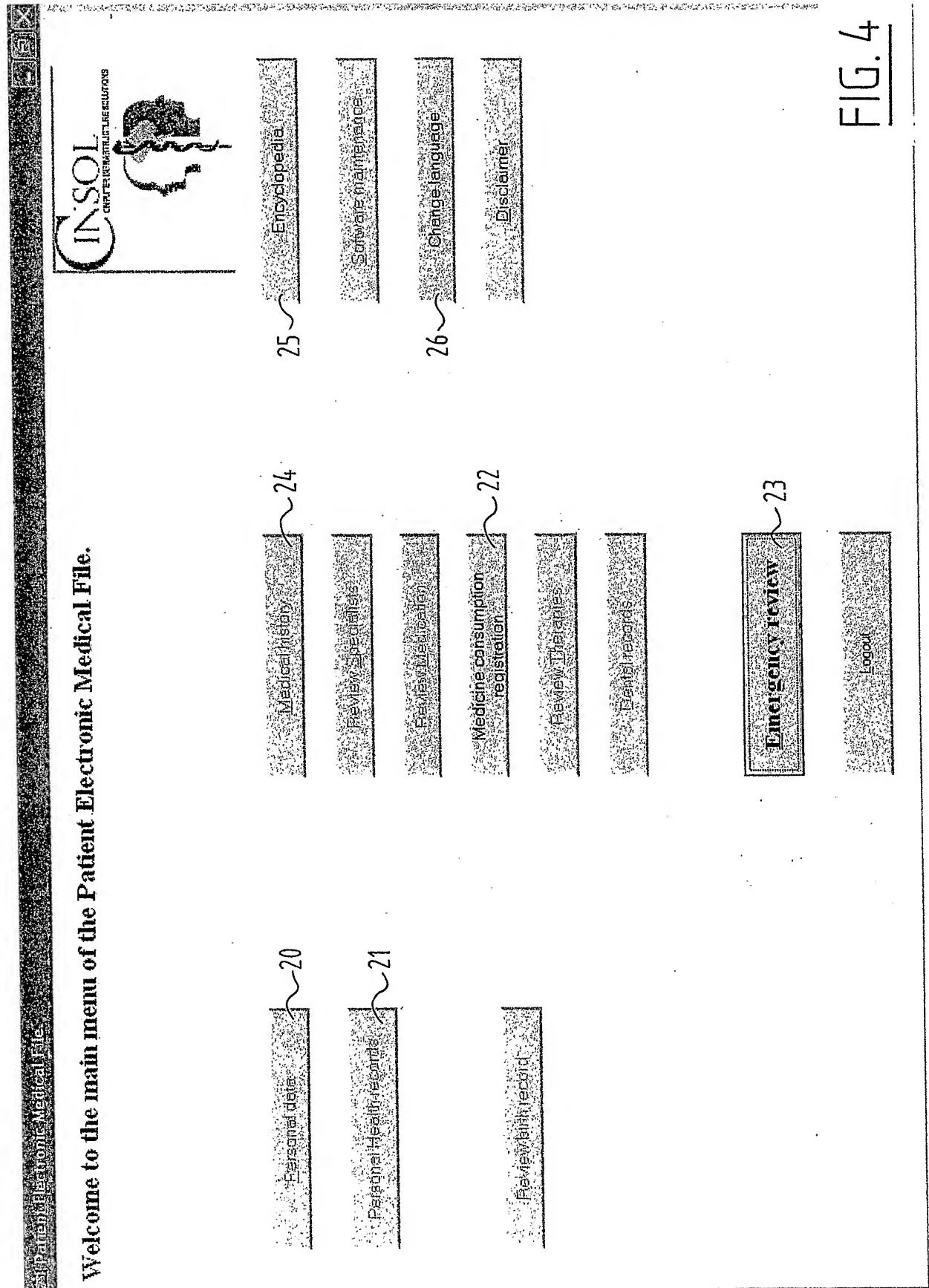


FIG. 4

Emergency review

Personal		General practitioner	
First name	Serge	Family name	Willem
Date of birth	23-04-1968	Private phone	
Blood group	A-Positif		
Medicine		Person to warn 1	
Current	Name	First name	Maspey
	Dose	Family name	Willem
	Amount	Kind of relation	Echigehote
	Per	Private phone	024 3449439
	Stat	Employer phone	
Health complaints		Person to warn 2	
Current	Sickness characteristics	First name	Raymond
	Diagnose	Family name	Willem
	Treatment	Kind of relation	Broer
	From	Private phone	024-3227870
		Employer phone	024-3227870
Allergies		In case of decease	
Green		Relationship	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Donor
		Beetel	Rooms
		Furnishings	Nece
		Company	NVT
		Phone	NVT
		Contact number	NVT
		J in portemonnee	NVT

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[Change Data](#)
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FIG. 5

Medicine consumption registration

WILEY

Family name:

Date of birth _____

Willems

Seige, Clement, Damien

23-04-1968

Code line

Medicine-Name

Code line

Start date

Duratic

Dose

Amount

Times

Per

Remarks

1002-01-21

200 mg

1

ה

day

Usage: ID m:

॥॥॥

nt taken

nt taken

Remarks / side-effects

—

2-10-2004

10:00

Keywords:

Seems to work very good

2

2-10-2004

13:00

Abstract

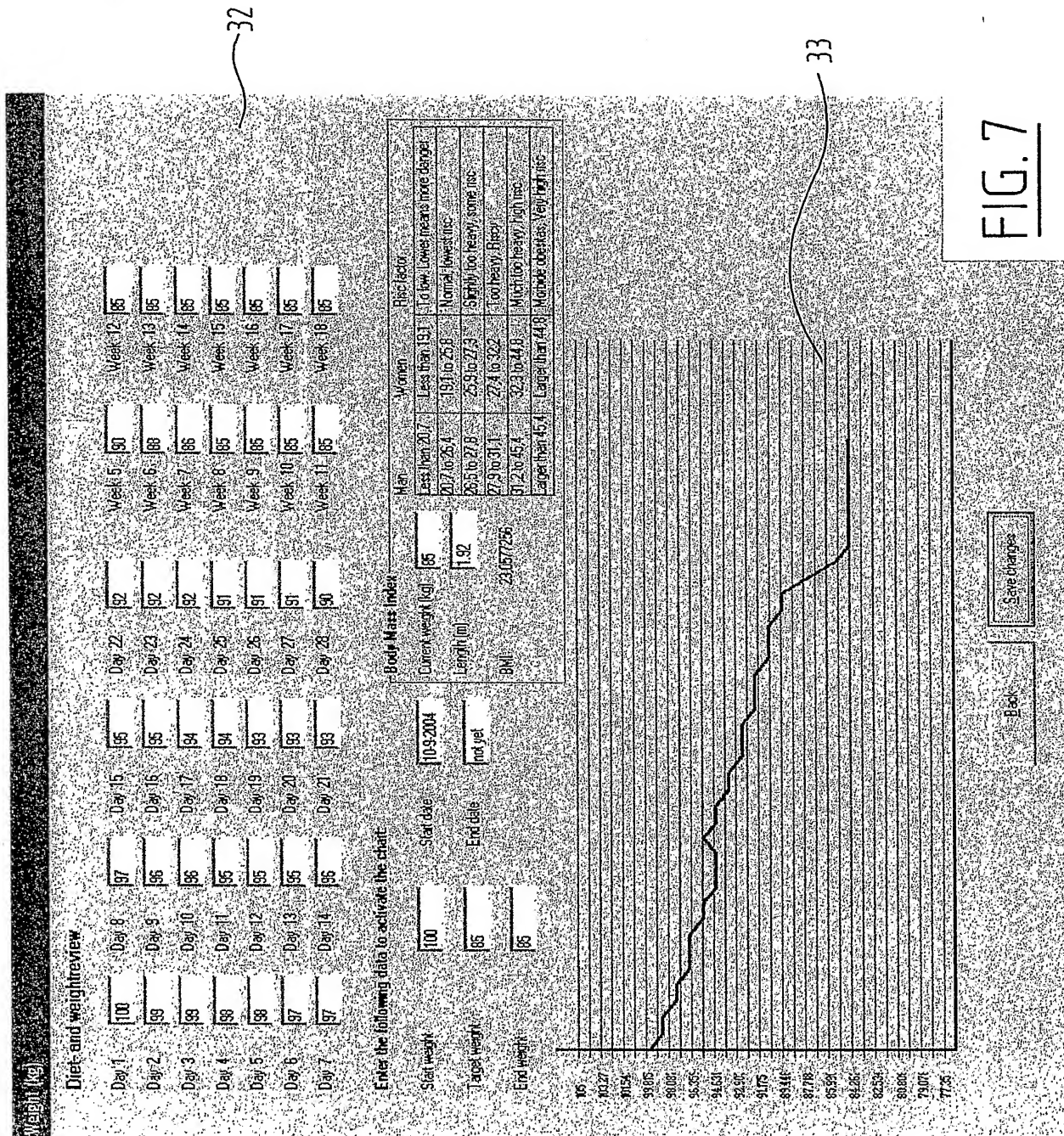
11. _____

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Save data:

Fig. 6

SUBSTITUTE SHEET (RULE 26)



Ziekenhuisdetails Huisarts niveau

Name: Villane

Sickness characteristics: Illness

ICD-10 Category: P. PSYCHOL. DISORD.

ICD-10 Detail:

Including:

Excluded:

ICD-10 Codes:

Complaints description: Pain in left ear

Background / cause: loud music

ICD-2: Yes ☒ No ☐

Date occurrence: 10-12-2004 Time

Date first check: 11-12-2004 Time

Diagnosis:

Initial approach: Hospital

Hospital: ☒ ☐ Details

Emergency: ☒ ☐ Details

Tests:

Change treatment: Edit

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Delete

Medicine

Current	Name	Dose	Amount	Times	Per	Star	Stop

Commentary/patient:

Status:

Doctor:

Specialist:

Family name:

First name:

Practice / Hospital:

Address (practice):

Number:

Postal code:

City:

Practice phone:

Mobile phone:

Treatment:

Date cured:

FIG. 8

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Function examination tests

Family name: Williams
 First name(s): Serge Clement Damien
 Date of birth: 22/04/1963

Date: Kind of examination: Specialist:

Location:
 Name: Number:
 Address: City:
 Postal code: Phone (ext):
 General telephone:

Date:
 Doctor last name:
 Doctor first name:

Performed tests:

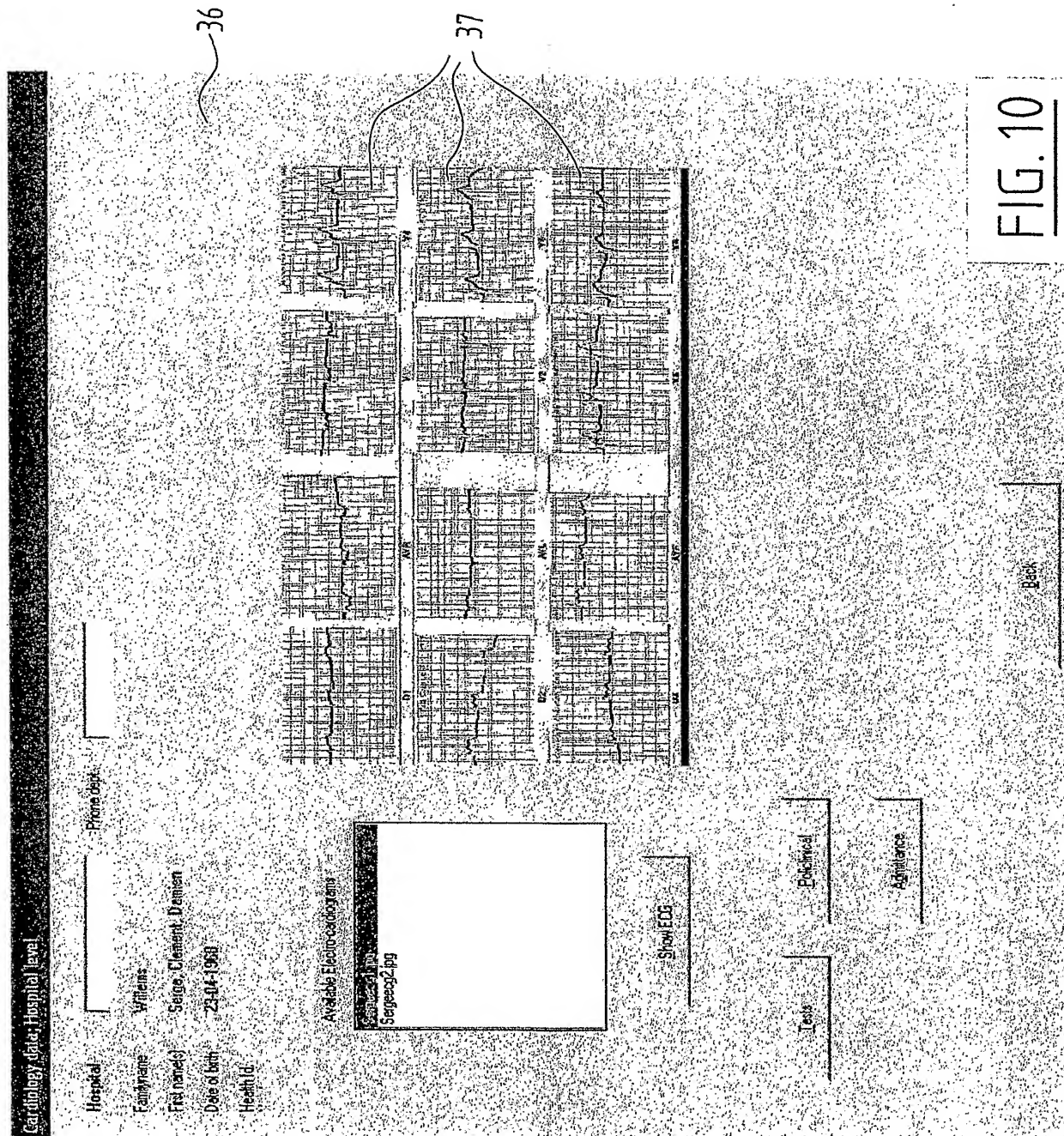
Remarks:

Results:

35

Back New report Save changes

FIG. 9



Medication details medicines

Familyname **Willems**
First name(s) **Serge, Clement, Damien**
Date of birth **23-04-1968**
Record number **2**

Name	Codeïne	
Category	Pain relieve	
Dose	200 mg	
Amount	1	
Times	3	
Per	day	
Current	Yes	
Start	12-10-2004	Stop
Duration		
Remarks		

Supplier

Name

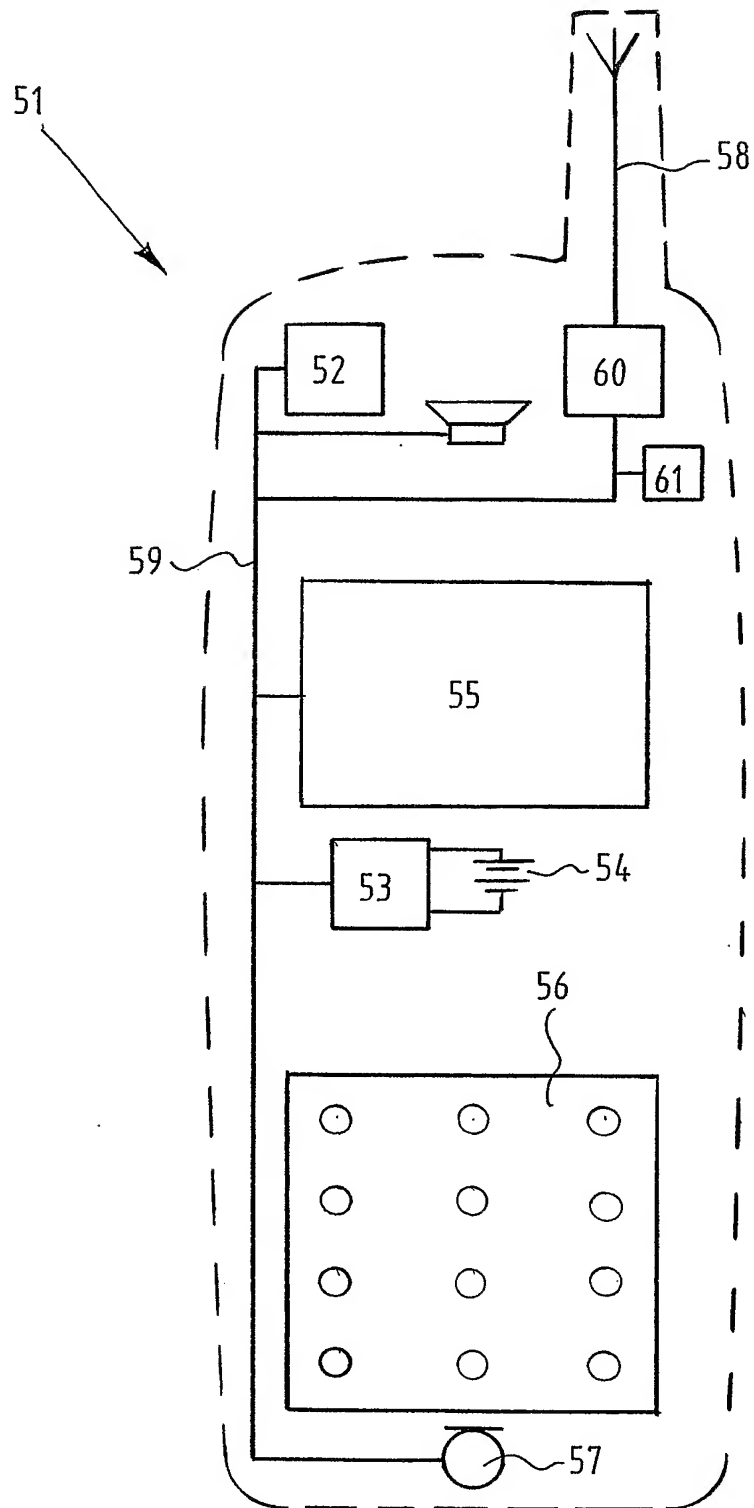
Adress

Phone

Price

Manufacturer

Save dataGebruiksregistratieFIG. 11

FIG. 12